

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**APPLICANT(S)**

**FILING DATE**

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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
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50						
TOTAL IND.		S				
TOTAL DEP.	25					
TOTAL CLAIMS	30					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**TOTAL IND.**

3

**TOTAL  
DEP**

23

DEPT.  
TOTAL

24

**CLAIMS**

30